



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Hilda Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Managed Care Services
1000 S. Fremont Ave.
Bldg. A-9 East 2nd Floor, #4
Alhambra, CA 91803-8859

Financial Services Section
Tel: (626) 299-3340
Fax: (626) 281-5396

Tangerine Bringham
Deputy Director, Managed Care

Peter Balingit, MD
Interim Chief, Managed Care

Amy Luftig Viste
Program Director, MHLA

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*

March 3, 2015

Agency Contact
Agency Contact Title
Agency Name
Agency Address
Agency City, State, Zip

Dear Agency Contact

**Re: Monthly Grant Funding – Contract # H-#####
January 2015**

Enclosed is a calculated summary of the My Health LA, Monthly Grant Funding for enrollees through your Agency. The total payment for this month is \$166,944.00. The County warrant (check) will be sent by separate letter directly from the Los Angeles County Auditor-Controller.

Please call Austin Williams, of my staff, at (626) 299-3340, if you have questions regarding your monthly grant funding payment or require additional information.

Very truly yours,

Sung Pak
Capitation Supervisor
Managed Care Services – Financial Services Section

SP:aw

Attachment

c. Manal Dudar - DHS Fiscal Services (w/o attachment)



www.dhs.lacounty.gov

Los Angeles County Department of Health Services
Managed Care Services - Financial Services Section
MHLA - Enrollment and Monthly Grant Funding
January-2015

Agency	Site	Enrollment	MGF
Agency Name_1			
Contract H-#####			
PCPID_1	Medical Home_01	361	\$11,552.00
PCPID_2	Medical Home_02	75	\$2,400.00
PCPID_3	Medical Home_03	1,357	\$43,424.00
PCPID_4	Medical Home_04	526	\$16,832.00
PCPID_5	Medical Home_05	236	\$7,552.00
PCPID_6	Medical Home_06	128	\$4,096.00
PCPID_7	Medical Home_07	111	\$3,552.00
PCPID_8	Medical Home_08	772	\$24,704.00
PCPID_9	Medical Home_09	325	\$10,400.00
PCPID_10	Medical Home_10	1,326	\$42,432.00
Agency Name_1		5,217	\$166,944.00

Los Angeles County Department of Health Services
Managed Care Services - Financial Services Section
MHLA - Enrollment Summary and Monthly Grant Funding
January-2015

Agency	Site	Last Name	First Name	Enrollment	MGF
Agency Name_1					
Contract H-#####					
PCPID_1	Medical Home_01				
Participant_ID51				1	\$32
Participant_ID50				1	\$32
Participant_ID52				1	\$32
Participant_ID49				1	\$32
Participant_ID51				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID51				1	\$32
Participant_ID51				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID51				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID51				1	\$32
Participant_ID51				1	\$32
Participant_ID51				1	\$32
Participant_ID50				1	\$32
Participant_ID53				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID53				1	\$32
Participant_ID50				1	\$32
Participant_ID50				1	\$32
Participant_ID52				1	\$32
Participant_ID50				1	\$32
Participant_ID51				1	\$32



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March 3, 2015

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Agency Contact Title
Agency Name
Agency Address
Agency City, State, Zip

Dear Agency Contact

**Re: Monthly Grant Funding – Contract # H-#####
January 2015**

Enclosed is a calculated summary of the My Health LA, Monthly Grant Funding for enrollees through your Agency. The total payment for this month is \$160,512.00.

Your payment is being suspended this month due to non-submission of medical encounter data as required per the MHLA contract which states: *"Contractors which are not submitting accurate and complete medical encounter data in a timely and acceptable format after the Department has worked in good faith with the Contractors to resolve submission issues in a prompt manner may, at the sole discretion of the Department, be subject to suspension in monthly payments until such time as all medical encounter data has been received and accepted by the Department."*

Please ensure that your medical encounter data is submitted timely. Upon receipt of your encounter data, the above payment will be released in the next payment cycle.

Please call Austin Williams, of my staff, at (626) 299-3340, if you have questions regarding your monthly grant funding payment or require additional information.

Very truly yours,

Sung Pak
Capitation Supervisor
Managed Care Services – Financial Services Section

SP:aw

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Los Angeles County Department of Health Services
Managed Care Services - Financial Services Section
MHLA - Enrollment and Monthly Grant Funding
January-2015

Agency		Site	Enrollment	MGF
Agency Name_2				
Contract H-#####				
PCPID_1	Medical Home_01		682	\$21,824.00
PCPID_2	Medical Home_02		1,308	\$41,856.00
PCPID_3	Medical Home_03		2	\$64.00
PCPID_4	Medical Home_04		1,624	\$51,968.00
PCPID_5	Medical Home_05		1,400	\$44,800.00
Agency Name_2			5,016	\$160,512.00

Los Angeles County Department of Health Services
Managed Care Services - Financial Services Section
MHLA - Enrollment Summary and Monthly Grant Funding
January-2015

Agency	Site	Last Name	First Name	Enrollment	MGF
Agency Name_2					
Contract H-#####					
PCPID_1	Medical Home_01				
	Participant_ID57			1	\$32
	Participant_ID58			1	\$32
	Participant_ID58			1	\$32
	Participant_ID54			1	\$32
	Participant_ID59			1	\$32
	Participant_ID54			1	\$32
	Participant_ID59			1	\$32
	Participant_ID53			1	\$32
	Participant_ID56			1	\$32
	Participant_ID59			1	\$32
	Participant_ID56			1	\$32
	Participant_ID59			1	\$32
	Participant_ID55			1	\$32
	Participant_ID53			1	\$32
	Participant_ID54			1	\$32
	Participant_ID55			1	\$32
	Participant_ID59			1	\$32
	Participant_ID58			1	\$32
	Participant_ID58			1	\$32
	Participant_ID55			1	\$32
	Participant_ID54			1	\$32
	Participant_ID56			1	\$32
	Participant_ID54			1	\$32
	Participant_ID59			1	\$32
	Participant_ID54			1	\$32
	Participant_ID54			1	\$32
	Participant_ID55			1	\$32
	Participant_ID58			1	\$32
	Participant_ID56			1	\$32